

Plan Year 2010 Rates

Health Insurance Plans

(PPO) Health Insurance Premium

<u>Coverage Level</u>	<u>Premium</u>
Employee Only	\$151.94
Employee + Child	\$273.48
Employee + Spouse	\$319.07
Family	\$440.60

Blue Choice HMO Health Plan Premium

<u>Coverage Level</u>	<u>Premium</u>
Employee Only	\$113.00
Employee + Child	\$203.40
Employee + Spouse	\$237.30
Family	\$327.70

High Deductible/Health Savings Account

<u>Coverage Level</u>	<u>Premium</u>
Employee Only	\$25.25
Employee + Child	\$44.12
Employee + Spouse	\$51.20
Family	\$70.07

Dental Insurance Plans

Indemnity Dental Plan Premiums

<u>Coverage Level</u>	<u>Premium</u>
Employee Only	\$28.33
Employee + Child	\$53.81
Employee + Spouse	\$56.64
Family	\$90.63

Brokers National Dental Plan Premiums

<u>Coverage Level</u>	<u>Plan A</u>	<u>Plan B</u>	<u>Basic Plan</u>
Employee Only	\$47.10	\$32.30	\$19.80
Employee + One	\$90.60	\$64.00	\$40.40
Family	\$134.90	\$92.80	\$74.70

Deltacare Dental Premiums

<u>Coverage Level</u>	<u>Premium</u>
Employee only	\$13.43
Employee (+) One	\$23.31
Family	\$34.44

2010 Hartford Long Term Disability Rates

<u>Coverage</u>	<u>Monthly Rates</u>
90 days EP - TRS	\$0.48 per \$100 of salary
150 days EP - TRS	\$0.22 per \$100 of salary
90 days EP - ORP	\$0.28 per \$100 of salary
150 days EP - ORP	\$0.20 per \$100 of salary

Lincoln National Life Rate Table for Supplemental Life

To compute your monthly supplemental life insurance premium, determine the amount of coverage you desire (1, 2, or 3 times your annual salary, rounded to the nearest 1000) as indicated below. Divide that amount by \$1,000, and then multiply by the rate which corresponds with your age group.

<u>Age Rate</u>	<u>(per \$1,000 of coverage)</u>
> 30	\$0.15/ \$1,000
30 - 34	\$0.19/ \$1,000
35 - 39	\$0.19/ \$1,000
40 - 44	\$0.22/ \$1,000
45 - 49	\$0.30/ \$1,000
50 - 54	\$0.38/ \$1,000
55 - 59	\$0.54/ \$1,000
60 - 64	\$0.64/ \$1,000
65 - 69	\$1.03/ \$1,000
70 and above	\$2.49/ \$1,000

Dependent Life = \$3.40 monthly